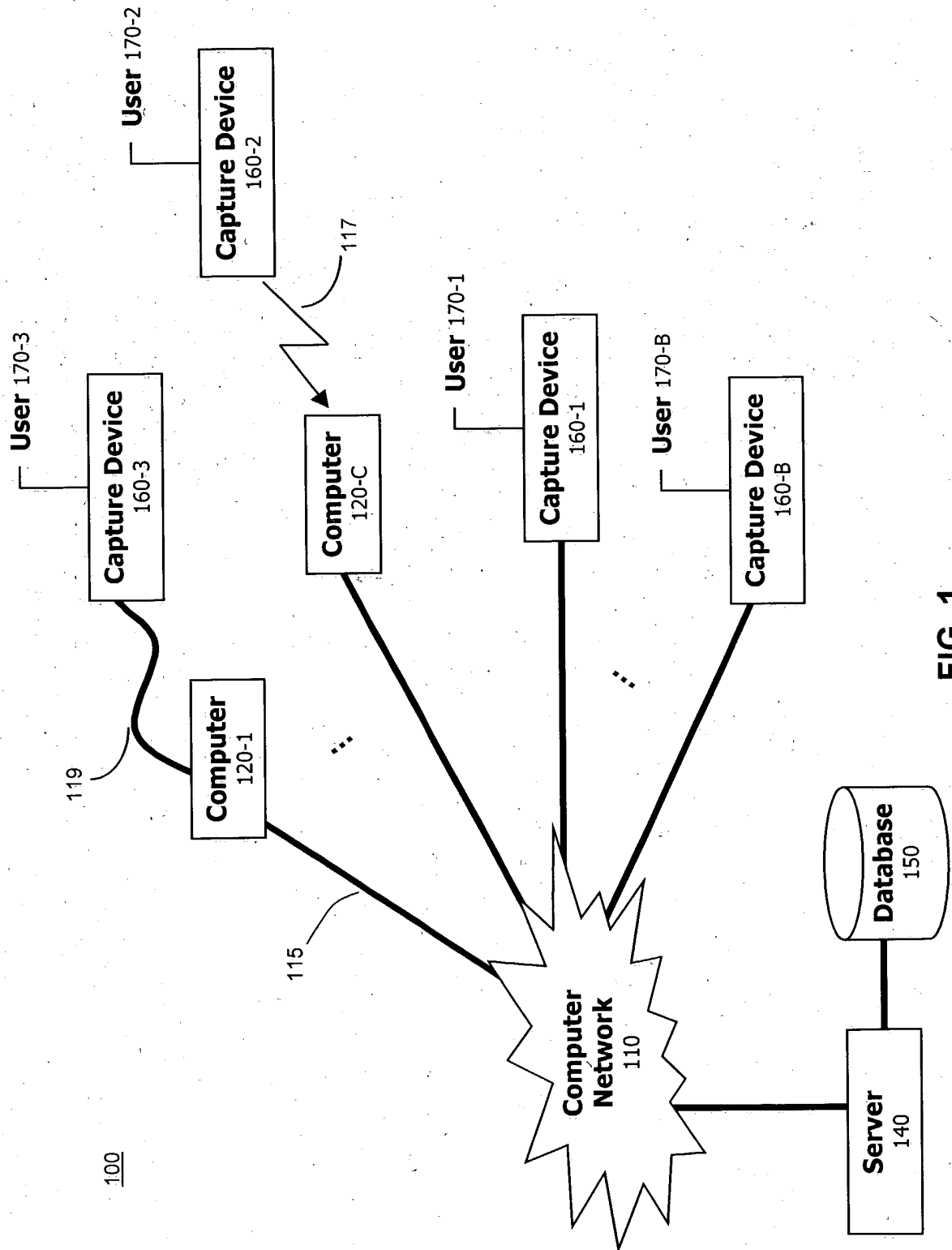


1/5



2/5

200

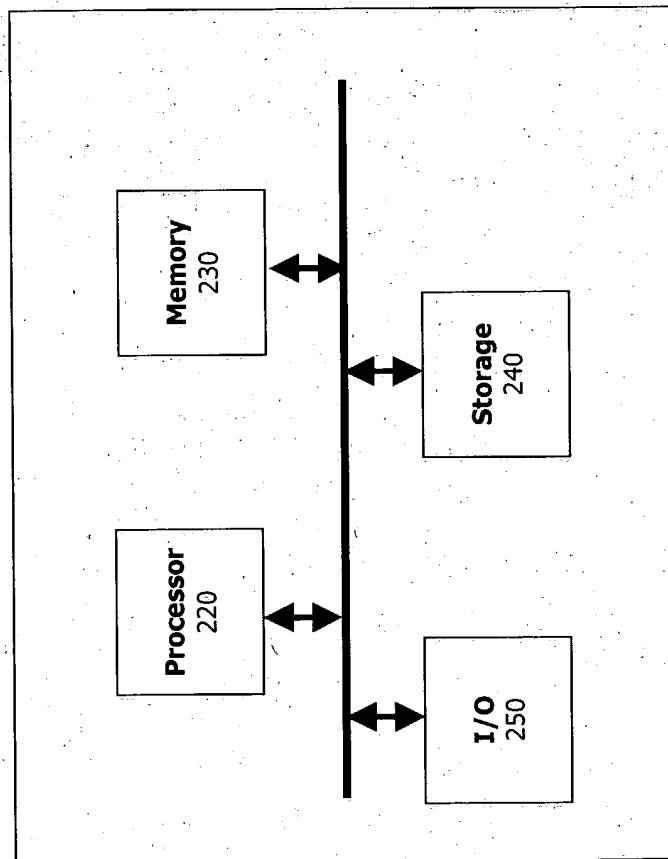


FIG. 2

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300

340

310

320

330

350

360

370

FORM 3B

Sample Questionnaire

Q1. Are you male or female?
☐ male ☐ female

Q2. How old are you?
☐ 0-19 ☐ 20-45 ☐ 46+

Q3. How often do you drink carbonated beverages?
☐ sometimes ☐ always ☐ never

Q4. What is your favorite color?
☐ red ☐ blue ☐ green
☐ yellow ☐ other

☐ AM ☐ PM

2000
☐ 2001
☐ 2002
☐ 2003
☐ 2004
☐ 2005
☐ 2006

17
☐ 18
☐ 19
☐ 20
☐ 21
☐ 22
☐ 23
☐ 24
☐ 25
☐ 26
☐ 27
☐ 28
☐ 29
☐ 30
☐ 31

1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12
☐ 13
☐ 14
☐ 15
☐ 16

Jan
☐ Feb
☐ Mar
☐ Apr
☐ May
☐ Jun
☐ Jul
☐ Aug
☐ Sep
☐ Oct
☐ Nov
☐ Dec

1
2
3
4
5
6
7
8
9
10
11
12

AM PM

FIG. 3

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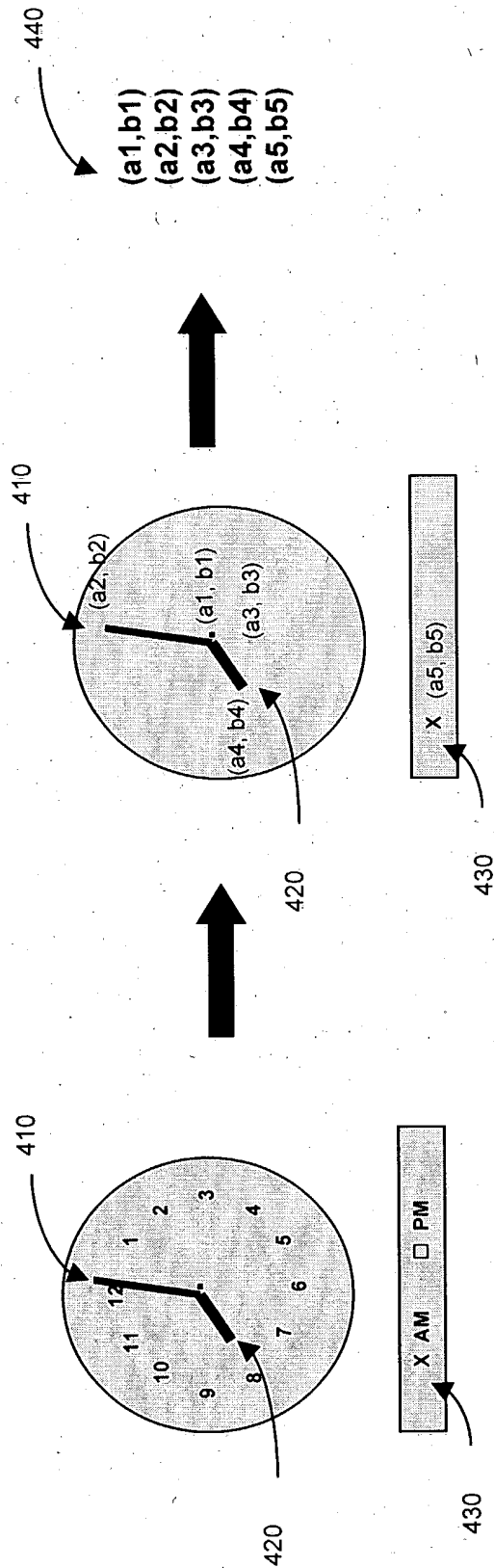


FIG. 4

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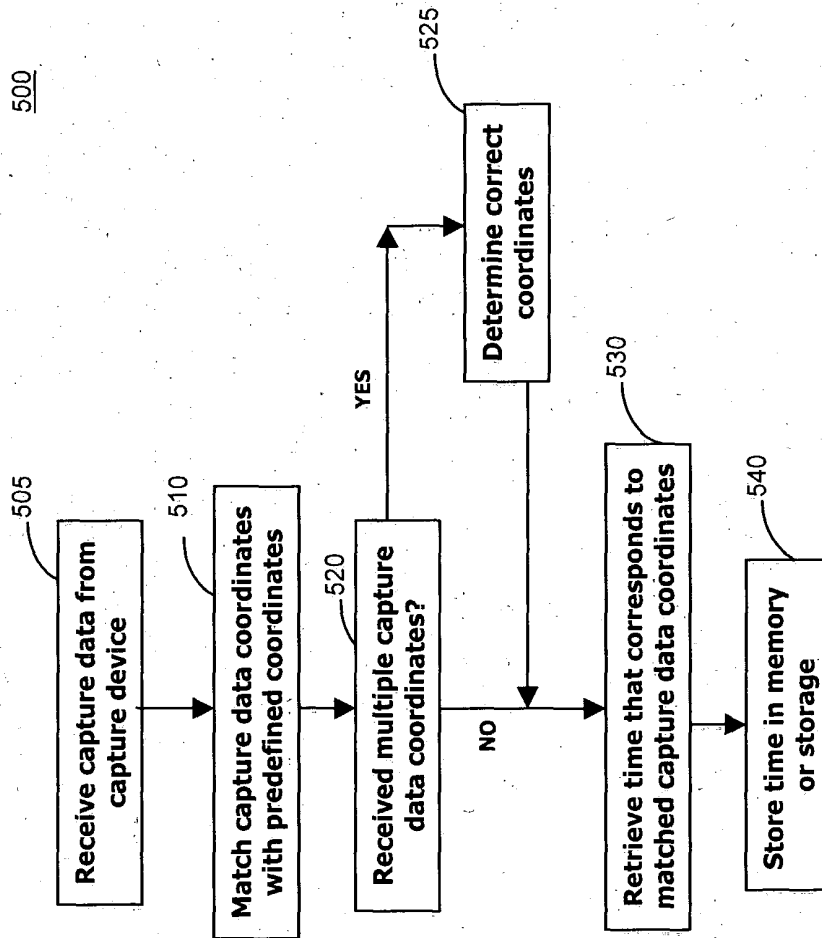


FIG. 5